

**THE UNIVERSITY OF TENNESSEE
HSC CAMPUS
REQUEST TO MAKE AN OFFER**

<u>Regular Full-time</u>	<u>Regular Part-time</u>	<u>Temporary Full-time</u>	<u>Temporary Part-time</u>	<u>If Temporary, Expected Duration</u>	<u>Soft Money</u>
Faculty <input type="checkbox"/>	Faculty <input type="checkbox"/>	Faculty <input type="checkbox"/>	Faculty <input type="checkbox"/>	Number of Months _____	Yes
Staff Exempt <input type="checkbox"/>	Staff Exempt <input type="checkbox"/>	Staff Exempt <input type="checkbox"/>	Staff Exempt <input type="checkbox"/>		No

Department: _____ Job Class Title: _____
 Proposed effective date of appointment: _____ Job Class Number: _____ AA File Number: _____

Proposed Employee

Name: _____
 Race: White: _____ Black: _____ Other Minority: _____ Unknown: _____
 Gender: Male: _____ Female: _____ Unknown: _____
 Veteran Status: Not a Veteran _____ Vietnam Era Veteran _____ Other Eligible Veteran _____ Unknown _____

- 1) Dates of approval by OED: _____ Departmental Contact Person & Phone: _____
 Request to Search form: _____ Narrative Summary form: _____
- 2) Number of candidates who completed the Equal Employment Self-Identification form: _____
- 3) Candidate Pool:

	GENDER			RACE				VETERAN STATUS				
	Total	Male	Female	Unknown	White	Black	Other Minority	Unknown	Not a Vet	Vietnam Era	Unknown	Other Eligible
Candidates												
Interviews												
Proposed Offer												

(Information should match information contained in Narrative Summary)

- 4) If self-identified minority, female, or veteran candidates were interviewed, but are not being offered the position, please explain the reason (attach additional sheets if necessary):

- 5) If the position is proposed to be offered to an internal candidate for whom the post would represent a promotion, please indicate his/her previous department, job class title and number:

A.) _____ Requested by: Department Head (Signature)	_____ Date	C.) _____ Approved by: Chancellor / Vice President (Signature)	_____ Date
_____ Department Head Name (Print or Type)		_____ Chancellor / Vice President Name (Print or Type)	
B.) _____ Approved by: Dean or Director (Signature)	_____ Date	D.) _____ Reviewed by: Office of Equity and Diversity	_____ Date
_____ Dean or Director Name (Print or Type)			

After offer is accepted: OED Copy